United Nations E/ICEF/2001/P/L.5

Economic and Social Council

Distr.: Limited
16 November 2000

Original: English

For information

United Nations Children's Fund
Executive Board
First regular session 2001
22-26 and 29 January 2001
Item 4 of the provisional agenda*

Country note**

Mozambique

Summary

The Executive Director presents the country note for Mozambique for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. The continued peace, stability and economic growth of Mozambique has provided a positive environment for implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, ratified in 1994 and 1993, respectively. Social sector investment is rising and will soon be augmented by debt relief savings earmarked for priorities outlined in the Absolute Poverty Reduction Plan (PARPA). In spite of the floods of early 2000, steady economic growth is forecast for the coming years. However, few families are benefiting. Nearly one in four children die before five years of age, 70 per cent of the population live in poverty and 60 per cent of adults (74 per cent of women) are illiterate. Extensive regional, urban-rural and gender disparities in poverty and access to basic social services are overlaid by an accelerating AIDS epidemic, further challenging families' caring capacities and presenting enormous obstacles to realize the rights of children and women.

* E/ICEF/2001/2.
** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

00-75268 (E) 051200

2. Per capita annual gross domestic product in Mozambique is $252 (1998). The infant mortality rate (IMR) of 146 per 1,000 live births and the maternal mortality ratio of 1,500 per 100,000 are among the world's highest. HIV/AIDS is the greatest single threat to children and women and will remain so throughout the programme period. HIV prevalence is currently 16 per cent among 15- to 49-year-olds. AIDS is expected to cause the IMR to increase by 20 per cent in the coming years. An expected life expectancy of 47 years in 2005 has been revised to 36 years because of the epidemic.

3. The number of children orphaned by AIDS is projected to grow from 185,000 in 1998 to 880,000 by 2006. The number of children orphaned from other causes, including maternal mortality, is also high, at 162,000 in 2000. Orphans and other children affected by AIDS are forced to drop out of school to provide care in the family or to work. Families and entire communities will fall into ever deeper poverty as dependency ratios increase. Basic social services will face increased demands just as they are weakened by increasing HIV death rates among staff.

4. Malaria, diarrhoea, respiratory infections, measles and neonatal tetanus are important contributors to the under-five mortality rate owing to low coverage, access, quality and utilization of preventive and basic curative services. Only 47 per cent of children were fully immunized in 1997. The rate of low birth weight is 13 per cent, and 36 per cent children of under five years old are stunted. Although virtually all children are breastfed, only 37 per cent of those under four months old are breastfed exclusively. Micronutrient deficiencies, including iodine in some areas, are still common. Diarrhoea morbidity and mortality in particular are also due to low access to safe water and sanitation services in both urban and rural areas, as well as to poor hygiene practices. Some 29 per cent of urban households, and 36 per cent in rural districts, have access to safe water. For sanitation, the urban and rural figures are 40 and 25 per cent, respectively.

5. The alarming level of maternal mortality is associated with a high percentage of unattended deliveries and women's poor health status. Many women of reproductive age suffer from chronic malnutrition and anaemia, and AIDS is compounding the risk of morbidity and death. Low social status, less access to education, economic dependency, and susceptibility to sexual coercion and violence contribute to women's greater risk of HIV infection.

6. Primary school attendance has risen by about 40 per cent since 1998, but the gender gap is growing. In 1999, net enrolment was 47 per cent for boys and 40 per cent for girls. Schools are heavily concentrated in urban areas. The drop-out rate is 18 per cent, and the repetition rate is high at 25 per cent. The lack of access to education is a key factor in the high numbers of children in need of special protection. For example, of the thousands of youth in conflict with the law, 43 per cent have had no education.

7. Mozambique is prone to natural disasters, in particular drought and, as devastatingly illustrated in 2000, cyclones and floods. These emergencies have destroyed or seriously damaged schools, health centres and water and sanitation infrastructure and disrupted food production. The ability to plan for and recover from such disasters is particularly low among the many families and communities struggling with continued poverty and the newer threat of HIV/AIDS.

Lessons learned from past cooperation

8. Although of only three years' duration in order to synchronize with United Nations agencies' cycles, the country programme has had key successes in cross-sectoral work, including support for the development of the National HIV/AIDS Strategic Plan, and the use of rights-based and community-level approaches. This was achieved through focused attention to strategy development, a flexible approach to human resources management and careful prioritization.

9. Rights-based community capacity development (CCD) was successfully taken from theory to practice. Hygiene, malaria control and orphan programming benefited from the introduction of appropriate participatory tools, such as community profiling, which facilitated assessment, analysis and action by implementing partners and communities alike. None the less, taking CCD to scale has proved difficult. Partners able to act as CCD facilitators are few, and many need capacity-building support. Capacity gaps at district and province levels have impeded responses to articulated community needs. Opportunities for improvement may arise through current government efforts to improve planning in districts and provinces as well as through sectoral decentralization. However, both capacity gaps at subnational levels and an unclear definition of decentralization processes will continue to present challenges.

10. The weakness of gender mainstreaming is a continued concern. A focus on gender often amounts to a series of training exercises rather than a transformation of communication and programme strategies. In view of its importance in all development initiatives, especially HIV/AIDS and education, gender needs to be more carefully addressed in the new programme.

11. The programme has made headway in advocating for child rights in social policy discussions, but more work is needed to ensure that children remain on the top of the agenda, including in the planning of emerging sector-wide approaches. The programme should also identify and act on the advocacy and participation opportunities created by PARPA and debt relief.

12. In the 2000 flood emergency, the value of using existing programme mechanisms rather than parallel structures to support government action was evident. The effectiveness of the programme's response was enhanced by early adherence to a few core commitment areas without the dispersion of efforts over a wide range of sectors. The flood highlighted the need for contingency planning and emergency preparedness as integral parts of the new country programme.

Proposed country programme strategy

13. The overall goal of the 2002-2006 programme of cooperation is to support and strengthen Mozambican commitment and capacities to promote, protect and fulfil children's and women's rights; meet children's basic needs; and expand opportunities for them to reach their full potential. The programme will contribute to national goals as defined in PARPA to reduce infant and child mortality; prevent and reduce chronic malnutrition; improve maternal health and reduce maternal mortality; increase enrolment, and water and sanitation coverage; improve sanitation and hygiene practices; and prevent the recurrence of widespread humanitarian emergencies.

14. Five mutually reinforcing strategies will be used throughout the programme: policy development, through technical support and with a focus on child rights; service delivery, including capacity-building for planning, management and implementation, as well as material support; community capacity development for improved participation of communities and families; advocacy, for increased understanding, dialogue and action on child rights in the public arena; and communication, particularly in the cross-sectoral areas of HIV/AIDS, school health and hygiene, and early childhood care (ECC). The programme will emphasize the PARPA and United Nation's Development Assistance Framework (UNDAF) priorities of education and HIV/AIDS, as well as disaster prevention and emergency preparedness. The latter will focus on improving the abilities of the Government and non-governmental organizations (NGOs) to respond, and family and community capacities to cope with emergencies.

15. In the **basic education** programme, the overall goal is to support and strengthen capacities to promote, protect and fulfil children's right to education, and to expand opportunities to ensure that they reach their full potential. The programme will support the national goals of achieving a gross primary admission rate of 88 per cent; reducing the gender gap in enrolment and retention; ensuring that at least 26 per cent of 11- and 12-year-olds remain in school; and expanding education for rural children through innovative approaches. Life skills programmes focusing on the prevention of HIV and on living with AIDS will be developed, and other aspects of the sectoral plan on HIV/AIDS will be supported. Communities will be mobilized around the enormous challenge of meeting the learning needs of out-of-school children and youth.

16. The overall goal of the **child protection** programme is to strengthen capacities to reduce vulnerability and ensure fulfilment of the rights of children at risk, and to provide special protection to children in need. The specific objectives include support to ensure implementation of the social action component of the National Strategic Plan on HIV/AIDS, with priority emphasis on training and supporting community-based structures to ensure and provide care and protection to children orphaned by AIDS and other vulnerable children. The programme will also support the development of legislation, policies and operational standards, and innovative projects for children in need of special protection, including children in conflict with the law, child labourers, sexually and physically abused children, and women.

17. The goal of the **health and nutrition** programme is to promote survival, development and participation rights through increased access to essential primary and referral health services and through improved quality and use of services. Central-level strategic planning and policy development will be supported. The programme aims to improve integrated care and services for children, adolescents and women at district and lower levels by building subnational capacity for participatory planning and management of services. Counselling and testing for HIV and sexually transmitted infections, and a range of youth-friendly services will be expanded, with a focus on peer education and support. The existing Integrated Management of Childhood Illness initiative will be used to expand the use of impregnated bednets for malaria control and promote integrated ECC, in addition to strengthening existing activities in nutrition, immunization and the control of childhood illness. Technical and material support will be provided towards the national goal of delivering 50 per cent of new-borns in health facilities and ensuring at least two antenatal care visits per pregnant woman.

18. The overall goal of the programme on **water, sanitation and hygiene promotion** (WSHP) is to reduce morbidity and mortality due to diseases associated with inadequate water supplies and sanitation, and poor hygiene practices. The programme will raise awareness of children's rights in this area; improve implementation of an integrated approach to WSHP, with attention to rural sanitation; and support the delivery of services that reduce the time and energy spent by women and girls in collecting water and caring for persons living with AIDS and other ill relatives. Community-based participatory approaches will be used, together with capacity-building for decentralized management of WSHP and central-level support for implementation of the National Water Policy.

19. The **social policy, communication and coordination** programme will support the development of an enabling environment for child rights. The programme will aim to strengthen monitoring mechanisms for child rights from district to national levels; improve the availability and use of information for advocacy and planning; provide capacity-building and technical support for budget analysis and monitoring by the Government and civil society; and increase opportunities for dialogue on policy and resource allocation issues within the context of PARPA and the Convention on the Rights of the Child. Partners will be mobilized and assisted to ensure greater awareness of child rights across society, and the Government and civil society institutions will be supported to build their capacities in behaviour change communication. This programme will also provide technical support to sectoral programmes in communication, monitoring and evaluation, and advocacy.

20. This strategy has been developed taking into account the findings of the recently completed United Nations Common Country Assessment, and clearly reflects five of the six UNDAF strategic objectives for Mozambique: HIV/AIDS; education; democracy and decentralization; disaster management; and health and well-being. A wide range of partners, including government from central to municipal level, civil society organizations, United Nations agencies, research institutions, community and religious groups, and advocates for children and women will be engaged in the programme.

Estimated programme budget

Estimated programme of cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Basic education	7 708	12 500	20 208
Child protection	6 567	12 000	18 567
Health and nutrition	6 567	13 000	19 567
Water, sanitation and hygiene promotion	6 567	10 000	16 567
Social policy, communication and coordination	2 710	2 500	5 210
Cross-sectoral costs	6 169	-	6 169
Total	**36 288**	**50 000**	**86 288**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.